

Investigative Transmittal Sheet

SUBJECT: **BUSTOS-WIDELA, Charlotte L.**
 TITLE AND GRADE: **GS-**
 TYPE: **Employee**

DATE: **4 Dec. 1967**
 NUMBER: **56840**

The subject case is herewith submitted for limited investigation, as follows:
 If at any time investigation should develop information which would constitute grounds for approval or disapproval, the case should be closed and the reports forwarded to us.

☐ RETURN WHEN COMPLETED

☒ 1. Name Checks As Follows:

AGENCY	PRIOR RETURNS
<input checked="" type="checkbox"/> FBI	NRG 27 June 1951
<input type="checkbox"/> ONI	
<input type="checkbox"/> ACBI	
<input type="checkbox"/> STATE (BY)	
<input type="checkbox"/> STATE (PD)	
<input checked="" type="checkbox"/> CSC	

AGENCY	PRIOR RETURNS
<input type="checkbox"/> HCUA	
<input type="checkbox"/> OSI (HDQ)	
<input type="checkbox"/> OSI 4TH DIST.	
<input type="checkbox"/> I & N	
<input type="checkbox"/> CSIF	

**RECORDED
CONTROL DESK**

THE FOLLOWING AGENCY MAY HAVE REPORTS ON FILE:

☐ 2. The Following Additional Government Records Are To Be Checked On The Subject Person:

☐ **MILITARY SERVICE**

☐ 3. The Following Additional Government Records Are To Be Checked On The Person or Persons Indicated:

☒ 4. Field Investigation, As Follows:

AREA	EMPLOYMENT	EDUCATION	BIRTH	DEV INF	N'BOR HOOD	POL	CRED	SPEC COV
Washington, D. C. and vicinity					X	X	X	B

Special Coverage As Follows:

REINVESTIGATION PROGRAM

A. Conduct neighborhood checks at listed residences since 1951

B. Interview Subject's supervisor: Lee Morris

Rm. 3B 0003 - Ext. 6026

The following persons who have applied to or work in this agency may know or be related to subject:

NAME

NUMBER

LOCATION

RELATIONSHIP

ATTACH: **3 PHS - please return**